

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## **PHA Plan Agency Identification**

**PHA Name:** Housing Authority of Montour County

**PHA Number:** 032

**PHA Fiscal Year Beginning:** (07/2001)

### **PHA Plan Contact Information:**

Name: Vera Fleming

Phone: 570-275-3640

TDD:

Email (if available): moco@ptd.net

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### **PHA Programs Administered:**

☒ Public Housing and Section 8      ☐ Section 8 Only      ☐ Public Housing Only

**Annual PHA Plan****Fiscal Year 2001**

[24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G: Five-Year Plan Status Report	
Attachment H: Pet Policy	
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**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 226,289

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☒ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)  
Commonwealth of Pennsylvania

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Letter of Consistency from the Commonwealth of Pennsylvania

**C. Criteria for Substantial Deviation and Significant Amendments**

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

**None**

**B. Significant Amendment or Modification to the Annual Plan:**

**None**

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination



List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of Montour County		<b>Grant Type and Number</b> Capital Fund Program: PA26-P032-50101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	9,289			
3	1408 Management Improvements	20,000			
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	22,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	150,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	226,289			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of Montour County		<b>Grant Type and Number</b> Capital Fund Program: PA26-P032-50101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures				







## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	HA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Operations	61,712	2002
Drug elimination activities	15,000	2002
Computer upgrades	15,000	2002
Telephone system upgrade	10,000	2002
Office equipment	30,000	2002
CFP Coordinator Salary & Benefits	135,000	2002
A&E Fees	38,100	2002
Accounting Fees	18,000	2002
Tax Credit Project Consulting Fees	20,000	2002
<b>Total estimated cost over next 5 years</b>	<b>337,812</b>	



## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PA32-1		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace downspouts, gutters and splash blocks on 60 family units @ \$600 per unit	36,000	2002
Replace Front and rear doors on 60 family units @ \$650 per unit	39,000	2002
Replace existing house sewer laterals that connect sewer to main on 21 family units @ \$2,500 per unit	72,500	2003
Replace kitchen sink drain laterals on 21 units @ \$2,000 per unit	42,000	2003
Replace gas stoves/ovens in 60 family units @ \$325 per unit	19,500	2003
Repair housing authority owned streets and parking lots	70,000	2004
Repair & replace cracked and lifted sidewalks	20,000	2004
Replace 20 year old windows in 20 family units @ \$1,500 each	30,000	2004
Upgrade exterior overhead electrical wiring and transformers @ 60 family units	35,000	2005
Replace 20 year old windows in 10 family units @ \$1,500 each	15,000	2005
<b>Total estimated cost over next 5 years</b>	<b>379,000</b>	

## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PA32-2		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace rubber roof on mid-rise apartment building	50,000	2002
Replace downspouts, gutters and splash blocks on 14 family units @ \$600 per unit	8,400	2002
Replace Front and rear doors on 14 family units @ \$650 per unit	9,100	2002
Replace gas stoves/ovens in 14 family units & 410elderly units @ \$325 each	17,875	2003
Repair housing authority owned streeets and parking lots	30,000	2004
Repair & replace cracked and lifted sidewalks	10,000	2004
Replace original storm drains for 14 family units	10,000	2004
Replace original kitchen cabinets in mid-rise apartment building 37 units @ \$3,000 each	111,000	2005
Upgrade exterior overhead electrical wiring and transformers @ 14 family units	10,000	2005
Replace electrical panel boxes in mid-rise apartment building	10,000	2005
<b>Total estimated cost over next 5 years</b>	<b>266,375</b>	

## PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

### Section 1: General Information/History

**A. Amount of PHDEP Grant \$**\_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**      **N1**\_\_\_\_\_ **N2**\_\_\_\_\_ **R**\_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget****A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							

2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>			<b>Total PHDEP Funding: \$</b>		
Goal(s)					
Objectives					

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>				<b>Total PHDEP Funds: \$</b>			
Goal(s)							
Objectives							

Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



## **Required Attachment E: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☒ Other (explain):

The Authority appointed Susan Pederson to the governing board on January 26, 1999. She was a Section 8 Voucher tenant at the time of the appointment. Tenant became self-sufficient in October of 1999, and left the program. Her term expires on 12/31/2002.

B. Date of next term expiration of a governing board member: 12/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Montour County Commissioners

## **Required Attachment F: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Susan Manning  
Low Income Public Housing (family tenant)  
25 Beaver Place  
Danville, PA 17821

LeRoy Rafter  
Section 8 Voucher (family tenant)  
1610 Bloom Road  
Danville, PA 17821

Robert Boyd  
Section 8 Voucher (disabled tenant)  
10 E. Front St.  
Danville, PA 17821

Arlene Brofee  
Low Income Public Housing (elderly tenant)  
312 Beaver Place  
Danville, PA 17821

Kay Mosier  
Low Income Public Housing (disabled tenant)  
44 Beaver Place  
Danville, PA 17821

## **Other Attachment G: Five-Year Plan Update**

### **Housing Authority of Montour County**

#### **Brief Statement of Progress In Meeting the 5-Year Plan Mission and Goals**

### **Five Year Plan Mission and Goals**

*The Housing Authority of Montour County has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.*

This Agency Plan represents the Housing Authority's commitment to its mission to promote adequate and affordable housing, economic opportunity and suitable living environment free from discrimination for residents of Montour County. The Authority has established the following goals and objectives to further its mission:

1. Expand the supply of assisted housing:
  - Applying for additional rental vouchers.
  - Leverage private or other public funds to create additional housing opportunities.
2. Improve the quality of assisted housing;
  - Increase customer satisfaction.
  - Renovate or modernize public housing units.
3. Increase assisted housing choices:
  - Implement voucher homeownership program.
  - Implement public housing or other homeownership programs.
4. Provide an improved living environment:
  - Implement public housing security improvements through modernization and education efforts.
5. Promote self-sufficiency and asset development of assisted households:
  - Promote community services of eight hours per month as a requirement for continued occupancy for those persons not exempt by reason of age, disability, enrolled in an education or job training program or working.
  - Increase the number and percentage of employed persons in assisted families.
  - Provide or attract supportive services to improve assistance recipients employability.
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.

6. Ensuring equal opportunity and affirmatively further fair housing:
  - Continue to ensure access to assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability.
  - Continue affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability.
  - Continue affirmative measures to ensure accessible housing to persons with a variety of disabilities regardless of unit size required.

#### **Brief Statement in Progress in Meeting the Plan Mission and Goals**

The Authority's Capital Funds are being used to provide increased security for the residents of Beaver Place and the modernization of its family units to improve the quality of assisted housing and increase resident satisfaction.

The Housing Authority is in the process of establishing a non-profit corporation to provide additional housing units for elderly, handicapped and disabled residents of Montour County.

The Housing Authority of Montour County will apply for Section 8 Vouchers to expand the supply of assisted housing and apply for Section 8 Vouchers for Homeownership.

## Other Attachment H: Pet Policy

HOUSING AUTHORITY OF MONTOUR COUNTY  
ONE BEAVER PLACE  
DANVILLE, PA 17821  
(570) 275-3640

### PET POLICY

*The Housing Authority of Montour County (PHA) shall permit the maintenance of a Common Household Pet by Tenants who reside in Project PA 32-1 & PA 32-2. Each tenant may keep a pet in accordance with the following rules and regulations.*

- I. Definition of Pet – A pet is defined as a domesticated small animal and includes cats, dogs, birds, fish, (reptiles are excluded from the definition). No dangerous or intimidating pets, i. e, pit bull dogs, rottweilers, or doberman pinchers will be permitted.
- II. Pet Application – See Exhibit I  
All pets must be registered with the Housing Authority of Montour County. Tenants must notify management ten (10) days prior to bringing the pet on site and complete the Pet Permit Application and provide all required documents and pay any required security deposits or fees.
- III. Pet Permit – See Exhibit II  
Tenant must execute the Pet Permit and receive written permission to keep any common household pet on or about the premises. This privilege may be revoked at any time if the animal becomes a nuisance or a threat with any provision of this policy.  
A Pet Permit will be issued after all initial conditions of this policy have been met.
- IV. Conditions of Issuance of Pet Permit
  - A. Dogs must be a domesticated, short hair breed, not exceeding 25 lbs. at full growth and fourteen (14) inches shoulder height. Cats may not exceed 13 lbs. at full growth and must be de-clawed. If a dog or cat grows to weigh more than the allowable weight, it then must be removed immediately or the entire household will face the possibility of eviction. Only one (1) four legged, warm blooded pet is permitted per unit. Aquariums may not exceed a 20 gallon capacity.
  - B. Tenant must file evidence in the form of an acceptable certificate that the pet is in good health and has been inoculated for distemper and rabies and that said inoculation is current. (Applies to dogs and cats)
  - C. Female cats and dogs must be spayed, male cats and dogs neutered prior to being placed in the tenants unit. Evidence of such procedure must be provided to the Housing Authority. Cats must also be de-clawed.
  - D. Tenants must sign a statement that they assume all personal financial responsibilities for damage to any personal or project property caused by pet and assumes personal responsibility for personal injury to any party caused by said pet. ( See Exhibit III)
  - E. A \$10.00 per month pet service fee will be assessed for each dog or cat for the purpose of offsetting additional maintenance and service costs. Pet service fee is due the first day of each month.
  - F. Tenants shall pay a security deposit of \$250.00 for a dog and \$200.00 for a cat. The deposit may be paid in advance by the tenant. This deposit is refundable if no damage is done, as verified by the Housing Authority after the tenant disposes of the pet or tenant vacates the unit.
  - G. Tenants are responsible for complying with all local, state, and federal Laws and regulations governing and possessions of their pets.
  - H. Tenants shall not alter their unit, or unit area to create an enclosure for



an animal.

- I. Tenant must file, as part of the application process a “Pet Emergency Care Plan” in case tenant is unable to care for said pet in an emergency and which will empower the Housing Authority to transfer pet responsibility to an approved friend or relative of the tenant off the premises of the project as set forth in the “Pet Emergency Care Plan”. (Refer to Pet Rider to Lease, Exhibit II)

V. Pet Management Plan

- A. Limit one PET per tenant. (except fish in aquarium)
- B. Dog and cat shall remain inside a tenant’s unit unless they are on a leash and under the control of a responsible adult.
- C. Birds must be confined to a cage at all times.
- D. Pets shall not be permitted in any common areas within the building except when directly leaving or entering the building.
- E. Tenant acknowledges responsibility for the cleanliness of pet and removal of pet waste from building or unit daily by:
  1. Cats must use litter box kept within the tenant’s premises. Litter boxes shall be cleaned regularly. Waste must be placed in a plastic bag, tightly secured and deposited in a trash receptacle.
  2. Placing dog on leash and taking dog to established “Pet Relief Area” as designated.  
NOTE: Tenants are not to store pet waste in their apartment or flush pet waste with “Kitty Litter” down the toilet, sinks, or bathtub.
  3. Tenant pet owner must own a vacuum cleaner and clean up pet residue (odor, hair, seeds, feathers, water) daily. Apartments must be kept clean and free of odors at all times.
  4. Costs of extermination of fleas, ticks, and other animal related pests caused by the tenant’s pet will be borne by the tenant. The extermination will be arranged by the Housing Authority to ensure timely and thorough rendering for service.
  5. Pet Owners shall be responsible for immediate clean-up of pet feces after exercising their pet in area/areas designated by Management. Waste shall be bagged and placed in outside container.
- F. Tenants shall not permit any disturbance by their pet which would interfere with the quiet enjoyment of the premises by other tenants. This includes disturbances such as loud barking, howling, biting, scratching, chirping, or other such activities.
- G. No visiting animals allowed by a tenant.

VI. Inspection of Apartment

Tenant agrees, as a condition of acceptance of the Pet Permit that tenant’s apartment will be available for inspection of compliance of Pet Policy at any time during working hours on thirty (30) minutes notice.

VII. Damages

Damages caused by pet as determined by inspection shall be repaired/ replaced by management at full repair/replacement cost at time of discovery of damage. Tenant will be billed for full repair cost at time of repair.

VIII. Death of Pet

The tenant shall be responsible for arranging burial or other disposal, off the premises, of pets in the event of death of the pet.

IX. Pet Rule Violation Procedures

Tenant shall comply with the following Pet Rule Violation Procedures:

A. Notice of Pet Rule Violation

If the Housing Authority determines on the basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the keeping of pets, the Housing Authority will serve a notice to the owner of pet rule violation. The notice of pet rule violation will be in writing and will:

1. Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
2. State that the pet owner has two (2) days from the effective date of service of the notice to correct the violation (including, inappropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation; and
3. State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to have the pet removed or to terminate the pet owner's tenancy, or both.

B. Pet Rule Violation Meeting

If the pet owner makes a timely request for a meeting to discuss a pet rule violation, the Housing Authority will establish a mutually agreeable time and place for the meeting no later than fifteen (15) days from the effective date of service of the notice of pet rule violation. At the pet rule violation meeting, the pet owner and Housing Authority shall discuss any alleged pet rule violation and attempt to correct the violation. The Housing Authority of Montour County may as a result of the meeting, give the pet owner additional time to correct the violation. If the parties are unable to resolve the problem, the Housing Authority may inform the pet owner in writing that the pet must be removed from the premises within two (2) days of the pet rule violation meeting.

C. Notice of Pet Removal

If the Housing Authority determines that the pet owner has failed to correct the pet rule violation within the time provided under paragraph B of this section (including any additional time permitted by the Housing Authority), the Housing Authority may serve a notice to the pet owner to remove the pet. The notice will be in writing and will:

1. Contain a brief statement of the factual basis for the determination and the pet rule that has been violated;
2. State that the pet owner must remove the pet within two (2) days of the effective date of the notice; and
3. State that failure to remove the pet may result in initiation of procedures to have the pet removed or terminate the pet owner's tenancy, or both.

D. Pet Rule Violation Procedures

The procedure does not apply in cases where the pet in question presents an immediate threat to the health or safety of other tenants or if the pet is being treated in an inhumane manner. In such cases, Section VII shall apply.

E. Pet Removal

Tenant agrees that the Authority shall have the right to immediately remove any pet if in the Authority's judgment the pet represents an immediate threat to the health or safety of other tenants, or if the pet is being treated in an inhumane manner.

## **Other Attachment I: Improvement Plan for Resident Assessment Sub System**

### **Housing Authority of Montour County**

#### **Improvement Plan For Resident Assessment Sub System**

The Housing Authority of Montour County will meet on a regular basis with the local Fire Department to discuss safety issues and resident concerns.

We will also meet on a regular basis with the local police department to discuss patrolling our sites and resident concerns.

After these discussions take place we will take the necessary steps to put plans in effect to improve any safety issues as well as alleviate any resident concerns.

We will also meet on a regular basis with resident groups to seek out their concerns as well as keeping them abreast of the actions the Housing Authority is taking to alleviate their concerns.

CIAP Budget/Progress Report  
Part I: Summary  
Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0044 (Exp 1/31/96)

HA Name:				Modernization Project Number		FFY of Grant Approval	
HOUSING AUTHORITY OF MONTOUR COUNTY				PA26 PO32 912 99		1999	
<input type="checkbox"/> Original CIAP Budget		<input type="checkbox"/> Revised CIAP Budget/Revision Number 1		<input checked="" type="checkbox"/> Progress Report for Period Ending 12/31/00		<input type="checkbox"/> Final Progress Report	
Line No.	Summary by Development Account		Total Funds Approved		Total Funds		
			Original	Revised	Obligated	Expended	
1	1406	Operational Expenditures	3,425	3,425	3,425		3,425
2	1408	Management Improvements	25,300	23,300	23,300		12,522
3	1410	Administration	24,200	24,200	24,200		24,200
4	1415	Liquidated Damages					
5	1430	Fees and Costs	27,100	23,100	23,100		13,483
6	1440	Site Acquisition					
7	1450	Site Improvement					
8	1460	Dwelling Structures	79,341	64,857	64,857		56,256
9	1465.1	Dwelling Equipment--Nonexpendable	17,500	16,810	16,810		16,810
10	1470	Nondwelling Structures	25,000	41,500	41,500		20,046
11	1475	Nondwelling Equipment		4,674	4,674		
12	1495.1	Relocation Costs					
13	Amount of CIAP Grant (Sum of lines 2-12)		201,866	201,866	201,866		146,742
14	Amount of line 13 Related to LBP Testing						
15	Amount of line 13 Related to LBP Abatement						
16	Amount of line 13 Related to Section 504 Compliance						
Signature of Executive Director and Date			HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50)				
Subtc			Signature of Field Office Manager (or Regional Public Housing Director in co-located office) OIP Director and Date:				

## **CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of Montour County		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26 PO32-50100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	656		656	656
3	1408 Management Improvements Soft Costs	4,000			
	Management Improvements Hard Costs	15,000			
4	1410 Administration	24,200		24,200	24,200
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,020		3,000	3,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	123,000			
11	1465.1 Dwelling Equipment—Nonexpendable	37,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> Housing Authority of Montour County		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26 PO32-50100 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:   )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/00</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	221,876		27,856	27,856
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security-Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of Montour County		Grant Type and Number Capital Fund Program Grant No: PA26 PO32-50100 Replacement Housing Factor Grant No:					Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA-Wide Needs	A&E fees for design & technical assistance of the proposed physical improvements		1430		7,000				
HA-Wide Needs	Salary & Benefits for CIAP Coordinator (1 ½ Years)		1410		24,200				
HA-Wide Mgt. Improvements	Drug Elimination Activities (1 year)		1408		4,000				
HA-Wide Mgt. Improvements	Upgrade existing computer hardware & software & add 2 stations		1408		15,000				
HA-Wide Mgt. Improvements	Account costs for CFP projects		1430		3,000				
HA-Wide Needs	Recover shortfall of PFS funding at 98.5%		1406		656				
HA-Wide Needs	Consulting Costs for Development Manager’s contract to assist in a Senior Housing Tax Credit Project to accommodate 15-20 additional units for elderly/disabled tenants		1430		8,020				
PA32-1	Replace refrigerators @ \$500 each		1465.1	60	30,000				
PA32-2	Replace refrigerators @ \$500 each		1465.1	14	7,000				
PA32-1	Replace furnaces @ \$2,050 each		1460	60	123,000				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]



**CIAP Budget / Progress Report**  
**Part II: Supporting Pages**  
Comprehensive Improvement Assistance (CIAP)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds  Obligated	Funds  Expended
			Original	Revised	Difference		
PA 32-2	Replace 18 yr. old windows in 14 family units (custom made to fit opening). 132 windows @ \$450.	1460	59,400	44,916	14,484	44,916	36,315
PA 32-2	Replace original back porch areas on 14 family units that are leaking and deteriorated. 14 @ \$400.	1460	5,600	5,600	-	5,600	5,600
PA 32-2	Replace original canopies on front porch area in 14 family units that are leaking and deteriorated. 7 @ \$1,500.	1460	10,500	10,500	-	10,500	10,500
PA 32-2	Replace canopies on front and side entrances to mid-rise apartment building that are leaking and deteriorated.	1460	3,841	3,841	-	3,841	3,841
PA 32-1	Replace 10 yr. old refrigerators in 35 family units. 35 @ \$500.	1465.1	17,500	16,810	690	16,810	16,810
PA 32-1	Construct 11x14 ft. office addition to accomadate larger work area for Section 8 office. Includes admin. office renovations.	1470	25,000	41,500	(16,500)	41,500	20,046
HA Wide	Costs for development managers contract to assist in a senior housing tax credit project (15-20 elderly/disabled units).	1430	13,500	9,445	4,055	9,445	896
HA Wide	A&E fees for design and technical assistance.	1430	6,600	6,600	-	6,600	5,532
Mgt. Improve.	Accounting costs (CIAP) and GAAP conversion.	1430	3,000	3,000	-	3,000	3,000
Mgt. Improve.	Consulting services to assist in agency plans and policies.	1430	4,000	4,055	(55)	4,055	4,055
HA Wide	Salary & benefits for CIAP coordinator.	1410	24,200	24,200	-	24,200	24,200
Mgt. Improve	Drug elimination activities.	1408	4,000	4,000	-	4,000	2,736
Mgt. Improve	Upgrade computer soft/hardware for year 2000.	1408	21,300	14,055	7,245	14,055	4,541
Mgt. Improve	Environmental Review	1408	-	2,000	(2,000)	2,000	2,000
Mgt. Improve	New sign and security camera.	1408	-	3,245	(3,245)	3,245	3,245
HA Wide	Recover PFS unfunded portion for FYE 2000.	1406	3,425	3,425	-	3,425	3,425
HA Wide	Office furniture.	1475	-	4,674	(4,674)	4,674	-
			201,866	201,866	-	201,866	146,742

CIAP Budget / Progress Report  
Part III: Implementation Schedule  
Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Development Number	First Architect / Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised Attach Explanation	Actual	Original	Revised Attach Explanation	Actual	Original	Revised Attach Explanation	Actual
PA 32-2	01/31/2000	06/30/2000	05/31/2000	09/30/2000		06/30/2000	03/31/2001	09/30/2001	
PHA WIDE MGT. IMPROVE.				06/30/2000		06/30/2000	12/31/2000	09/30/2001	